

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>107009355</b>		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/	/	/	/	/		51			
2	/	/	/	/	/		52			
3							53			
4							54			
5							55			
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13							63			
14							64			
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16							66			
17	/	/	/	/	/		67			
18							68			
19							69			
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23	/	/	/	/	/		73			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	10						TOTAL DEP.			
TOTAL CLAIMS	23						TOTAL CLAIMS			